

Hoop Valley Tribal Council
Post Office Box 1348—Hoop, CA 95546
AUTHORIZATION TO TRAVEL



AUTHORIZATION FOR TRAVEL

Date of Request: _____

Name: _____ Title: _____

Mailing Address: _____
Street No./P. O. Box City State Zip

Destination: _____ Mode of Travel _____

Purpose of Travel: _____

Estimated Date of Departure: _____ Estimated Date of Return: _____

Travel Authorized By _____ Date _____ Program _____ Account # _____

REQUEST FOR TRAVEL ADVANCE

Date of Request: _____ Per Diem \$ _____ Lodging \$ _____ Check No. _____

Date Advance Needed by: _____ Car Rental \$ _____ Air Fare \$ _____ Date Prepared: _____

Advance Authorized by _____ Mileage \$ _____ Other \$ _____ Amount of Advance: \$ _____

TRAVEL EXPENSE RECORD (To Be Completed When Claiming Travel or Clearing Travel Advance Only)

Date of Departure: _____ Date of Return: _____

Point of Departure: _____ Point of Return: _____

Time of Departure _____ (Circle) A.M. P.M. Time of Return: _____ (Circle) A.M. P.M.

Full Day Per Diem For _____ Days @ \$ _____ Per Day \$ _____

*Partial Day Per Diem:

Lodging: \$ _____

Meals: _____

Mileage:

Odometer Begin _____ Return _____

Mileage Claim _____ Mi.x35¢ Per Mi. _____

*Air Fare: _____

*Other Transportation: (Bus, Taxi, Car Rental, ETC.) _____

*Other Expenses: (Specify) _____

*Receipts Necessary (Attach to Claim)

I do hereby certify that the above claim has not been submitted for payment to any other source aside from Hoopa Valley Tribal Council.

Total Claim \$ _____

Less Advance \$ _____

Amount Due \$ _____

Signature of Claimant _____ Date _____

Payment Authorized By _____ Date _____
White - Fiscal Yellow - Fiscal Pink - Claimant